

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

NAIC Group Code	0380	0380	NAIC Company Code	53007	Employer's ID	Number	53-0078070			
	(Current Period)	(Prior Period)								
Organized under the La	aws of	District of Colu	ımbia, State	of Domicile or	Port of Entry	District	of Columbia			
Country of Domicile			United Stat	es of America						
Licensed as business ty	pe: Life, Accide	ent & Health []	Property/Casualty [Dental	Service Corporati	Service Corporation []				
	Vision Sen	ice Corporation []	Other []	Health	Maintenance Organization []					
		,			•		-			
	Hospitai, iv	edicai & Dentai Ser	vice or Indemnity [X]	IS HIVIC), Federally Qualif	led? Yes [] NO[]			
Incorporated	08/1	1/1939	Commenced Bus	iness		03/15/1934				
Statutory Home Office		840 First Str	eet NE		Washingto	on, DC 2006	5			
,		(Street and Nu	umber)	.,		State and Zip Co				
Main Administrative Offi	ice		1045	55 Mill Run Circ	le					
		01117	(5	Street and Number)	110 501 0000					
	Owings Mills, MD City or Town, State and			/Ar	410-581-3000 ea Code) (Telephone N					
,	,	. ,		(Al						
Mail Address		55 Mill Run Circle and Number or P.O. Box)			Owings Mills, N	VID 21117 and Zin Code)				
Delegand a settlem of De-	,	and reamber of 1 .O. Box)		404EE M:		and Zip Godo)				
Primary Location of Boo	oks and Records		10455 Mill Run Circle (Street and Number)							
	Owings Mills, MD	21117		(Street an	410-998-7011					
	City or Town, State and		(Area Code) (Telephone Number)							
Internet Website Addres	SS		www.	carefirst.com						
Statutory Statement Cor	ntact	William Vincen	t Stack		410-998	8-7011				
ciatory ciatomonicos		(Name)	-		(Area Code) (Telephon		ension)			
	bill.stack@carefir				410-998-6850	1				
	(E-mail Address)			(FAX Number)					
Policyowner Relations C	Contact		840	0 First Street NE	=					
	Washington, DC	(Street and	d Number)		800-321-3497	,				
	City or Town, State and			(Area Co	de) (Telephone Numbe					
,	,	, ,		(* ** 5 5 5 5	, (p	, (=,				
			OFFICERS							
President		Iliam Lockwood Jev	_	Secretary	Joh	nn Anthony P	icciotto			
Treasurer	G	regory Mark Chane	у							
			VICE PRESIDEN	TC						
Fric Randolr	ph Baugh M.D.		David Donald Wolf		Gr	regory Mark (Chanev			
	Allen Devou		Leon Kaplan			hn Anthony F				
	. Carter, Jr.		Michael Bruce Edwar	ds		lary Anne He				
	Ann Malone	 -	Gwendolyn Denise Skil			dward Willian				
Pamela Su	ie Deuterman		Michael John Felbe		Robert James Huber					
Michael A	A. McShane		William Vincent Stac	ck	Ray	Raymond Wayne Blosse'				
Livio Renato	Broccolino Esq.		Andrew James Fitzsimn	nons		Sharon Jean Vecchioni				
Judy	Stocker		Janice Elizabeth Carm	nan		Rita Ann Costello				
Frances P	Price Doherty		Ann Teat Gallant							
Joseph Gab	oriel Rampone		Jack J. Nelson			Jeffrey Scot	t Joy			
_		DIRE	ECTORS OR TRU							
	James Byron S.J.		Michel Llewellyn Dale			a Dukes McK				
Sictor ('aral An	IN KAANAN UNI MC		L-CORGO Burch Wilkoc	111		awara laha	HOTON			

State of	ļ	SS	;
County of)		

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

William Lockwood Jews	John Anthony Picciotto	Gregory Mark	
President	Secretary	Treasu	
Subscribed and sworn to before me this day of, 2004		a. Is this an original filing?b. If no,1. State the amendment number2. Date filed	Yes [X] No []

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
FEP	564,920,734					564,920,734
	+					
	+					ł
0299997 Group subscriber subtotal	564,920,734	0	0	0	0	564,920,734
0299998 Premiums due and unpaid not individually listed	3,945,508	1,250,824	202,438	433,865		5,832,635
0299999 Total group	568,866,242	1,250,824	202,438	433,865	0	570,753,369
0399999 Premiums due and unpaid from Medicare entities						.
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	568,866,242	1,250,824	202,438	433,865	0	570,753,369

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: Holy Cross Hospital						
Holy Cross Hospital	2,972,300					2,972,300 2,900,800
Suburban	2,900,800					2,900,800
	0					
	0					
0499999 Receivables not individually listed	20,506,180	320,000	320,000	(1,280,075)	0	19,866,105
0599999 Gross health care receivables	26,379,280	320,000	320,000	(1,280,075)	0	19,866,105 25,739,205

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
	•					
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	6,140,133	22,627	1,400			6,164,160
0499999 Subtotals	6,140,133	22,627	1,400	0	0	6,164,160
0599999 Unreported claims and other claim reserves						238, 125, 340
0699999 Total amounts withheld						
0799999 Total claims unpaid						244,289,500
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	-						
1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
CASC I	1,977,757					1,977,757	
BlueChoice	672,426					672,426	
Individually Listed Receivables: CASC I	1,358,535					1,358,535	
			•				
0199999 Individually listed receivables	4.008.718	0	0	0	0	4,008,718	0
0199999 Individually listed receivables	4 ,008 ,718 54 ,474		•	176,631	176,631	54,474	
0399999 Total gross amounts receivable	4,063,192	0	0	176,631	176,631	4,063,192	0

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
BlueChoice	G & A and Premiums Earned	42,963,071	42,963,071	
CFM1	G & A and Premiums Earned	15,893,224	15,893,224	
		EO DEC ODE	EO OEC OOE	Λ
0199999 Individually listed payables. 0299999 Payables not individually listed 0399999 Total gross payables		58,856,295	58,856,295 779,912	U
Uzayaya Payapies not individualiy listed		779,912		0
0399999 I otal gross payables		59,636,207	59,636,207	0

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 4	^	1 0	4		0
	Direct Medical	Column 1	3 Total	4 Column 3	5 Column 1	Column 1
Downsont Marthaud	Expense	as a %	Members	as a %	Expenses Paid to	Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	3,502,803	0.2	626,675	84 . 1		3,502,803
3. All other providers	1,267,552	0.1	118,685	15.9		1,267,552
4. Total capitation payments	4,770,355	0.3	745,360	100.0	0	4,770,355
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	1,663,164,883	997	XXX	XXX		1,663,164,883
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX	,	
11. All other payments	 0	0.0	XXX	XXX	,	
12. Total other payments	1,663,164,883	99.7	XXX	XXX	0	1,663,164,883
13. TOTAL (Line 4 plus Line 12)	1,667,935,238	100 %	XXX	XXX	0	1,667,935,238

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBITO TARTE 2 SOMMATT OF TRANSACTIONS	· · · · · · · · · · · · · · · · · · ·			
1	2	3	4	6	7
			Average		Intermediary's
			Average Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	The Dental Network		6,365		
	Manal Ian Health Services	2 950 719	245,893		
	The Dental Network. Magellan Health Services. Maryland Eye Care. Value Options.	2,950,719 465,308			
	Maily Pations	10,399	5,199		
	ratue optitoris	10,399	5, 199		
 					
· · · · · · · · · · · · · · · · · · ·			·····		
		2 500 000	2007	2007	2007
9999999 Totals		3,502,803	XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

· · · · · · · · · · · · · · · · · · ·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	15,686,880		3,396,351	12,290,529	12,290,529	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	15,686,880	0	3,396,351	12,290,529	12,290,529	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. ___

NAIC Group Code 0380 BUSINESS IN THE STATE O	E District of Columbi	2		ı	OURING THE YE	AP 2002				(LOCA	TION) NAIC Compai	ay Codo	53007
NAIC Group Code US60 BUSINESS IN THE STATE O	P District of Columbi	Compre		1									
	1	(Hospital a	& Medical) 3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	503,679	7 ,599	79 , 167	2,114			350,909			63,890			
2 First Quarter	496,500	7 ,678	73,243	2,032			350,266			63,281			
3 Second Quarter	491,738	8,147	70,393	2,006		-	348,504			62,688			
4. Third Quarter	488,899	8,052	68,611	1,959		-	347 , 292			62,985			
5. Current Year	489,138	8,362	68,912	1,920			346,843			63,101			
6 Current Year Member Months	5,908,512	96,214	849,199	23,928			4,182,921			756,250			
Total Member Ambulatory Encounters for Year:													
7. Physician	2,688,052	68,658	572,037	31,358		-	2,015,999						
8. Non-Physician	366,866	7,374	51,127	4,781			303,584						
9. Total	3,054,918	76,032	623,164	36,139	0	0	2,319,583	0	0	0	0	0	0
10. Hospital Patient Days Incurred	194,072	2,214	16,856	4,923			170,079						
11. Number of Inpatient Admissions	22,731	451	4,222	748			17,310						
12. Health Premiums Collected	986,038,284	17 , 204 , 585	163 , 577 , 997	3,959,902		8,416,521	789,667,059			3,202,281			9,939
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	1,308,718,616	22 , 834 , 773	217 , 108 , 781	5,255,777		11,170,821	1,048,085,048			4,250,225			13,191
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1, 191,837,878	16,291,271	164,810,970	3,344,227		6,835,471	997,088,987			3,348,663		120 , 753	(2,464)
18. Amount Incurred for Provision of Health Care Services	1,194,389,270	17,303,920	160,319,679	3,201,602		6,543,855	1,003,218,987			3,814,350			(13,123)

⁽a) For health business: number of persons insured under PPO managed care products 410,213 and number of persons under indemnity only products 18,023



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. ____

NAIC Group Code 0380 BUSINESS IN THE STATE OF	- Maryland				DURING THE YE	AR 2003				(LOCA	TION) NAIC Compa	ny Code	53007
5555 5555 5555 5555 5555 5555 5555 5555 5555	1	Compre (Hospital a		4	5	6	7	8	9	10	11	12	13
		2	3	*	3	O	Federal Employees		3	10	11	12	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	133,409	6,892	89,492	3,667						33,358			
2 First Quarter	129,210	6,856	91,657	3,500						27 , 197			
3 Second Quarter	129,755	6,898	92,296	3,402						27 , 159			
4. Third Quarter	127 , 187	5,416	92,120	3,287						26,364			
5. Current Year	125,765	5,516	90,332	3,199						26,718			
6 Current Year Member Months	1,536,511	74,442	1,098,050	40,644						323,375			
Total Member Ambulatory Encounters for Year:													
7. Physician	1,042,871		914,651	61,641									
8. Non-Physician	86,213	5,830	75,340	5,043									
9. Total	1,129,084	72,409	989,991	66,684	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	41,056	2,879	29,262	8,915									
11. Number of Inpatient Admissions	9,695	617	7,588	1,490									
12. Health Premiums Collected	237 ,830 ,994	15,232,596	209,248,610	5,834,816		4,228,227				3, 171,804			114,941
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	315,661,019	20 , 217 , 453	277 , 725 , 070	7 ,744 ,255		5,611,911				4,209,774			152,556
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	263,515,350	21,890,684	232,465,499	5,223,810		2,961,028				1,000,765			(26,436
18. Amount Incurred for Provision of Health Care Services	268,205,389	22,646,924	236,978,780	4,867,294		2,837,103				1,023,745			(148,457

⁽a) For health business: number of persons insured under PPO managed care products 105,472 and number of persons under indemnity only products 4,634



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0380 BUSINESS IN THE STATE C	NE Virginia			ı	OURING THE YE	AP 2002				(LOCA	TION) NAIC Compa	ny Codo	53007
AND GROUP CODE COOK BOOMESON THE STATE C	Virginia	Compre		1								ĺ	
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	111 , 178	15,555	79,358	2,770						13,495			
2 First Quarter	101,844	16 , 126	73,228	2,688						9,802			
3 Second Quarter	100,914	17,001	71,194	2,644						10,075			
4. Third Quarter	96,563	17,006	66,941	2,612						10,004			
5. Current Year	96,020	17,515	66,134	2,596						9,775			
6 Current Year Member Months	1,198,314	201,149	842,516	31,825						122,824			
Total Member Ambulatory Encounters for Year:													
7. Physician	804,551	153,914	603,507	47 , 130									
8. Non-Physician	70,489	14,320	50,970	5,199									
9. Total	875,040	168,234	654,477	52,329	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	28,278	4,550	17,452	6,276									
11. Number of Inpatient Admissions	6,644	1,079	4,564	1,001									
12. Health Premiums Collected	201,028,584	32,665,289	156,246,628	5,067,187		6,456,197				586, 852			6,431
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	266 , 815 , 048	43 , 354 , 981	207 , 378 , 227	6,725,421		8,568,984				778 ,899			8,536
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	212,582,010	35,854,411	166,743,592	4, 133, 963		5,561,020				290,503			(1,479)
18. Amount Incurred for Provision of Health Care Services	212,199,548	38,605,522	163,958,324	3,833,104		5,459,561				351,836			(8,799)

⁽a) For health business: number of persons insured under PPO managed care products 80,527 and number of persons under indemnity only products 3,538



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2.

(LOCATION) Group Code 0380 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2003 (ACCOMPANY CODE 53007)													
NAIC Group Code U380 BUSINESS IN THE STATE OF	Consolidated	Compre											
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	748 , 266	30,046	248,017	8,551	0	0	350,909	0	0	110,743	0	0	0
2 First Quarter	727 , 554	30,660	238,128	8,220	0	0	350,266	0	0	100,280	0	0	(
3 Second Quarter	722,407	32,046	233,883	8,052	0	0	348,504	0	0	99,922	0	0	
4. Third Quarter	712,649	30,474	227 ,672	7 ,858	0	0	347 , 292	0	0	99,353	0	0	0
5. Current Year	710,923	31,393	225,378	7,715	0	0	346,843	0	0	99,594	0	0	C
6 Current Year Member Months	8,643,337	371,805	2,789,765	96,397	0	0	4,182,921	0	0	1,202,449	0	0	C
Total Member Ambulatory Encounters for Year:													
7. Physician	4 , 535 , 474	289 , 151	2,090,195	140 , 129	0	0	2,015,999	0	0	0	0	0	0
8. Non-Physician	523,568	27,524	177,437	15,023	0	0	303,584	0	0	0	0	0	C
9. Total	5,059,042	316,675	2,267,632	155,152	0	0	2,319,583	0	0	0	0	0	(
10. Hospital Patient Days Incurred	263,406	9,643	63,570	20,114	0	0	170,079	0	0	0	0	0	(
11. Number of Inpatient Admissions	39,070	2,147	16,374	3,239	0	0	17,310	0	0	0	0	0	(
12. Health Premiums Collected	1,424,897,862	65 , 102 , 470	529,073,235	14,861,905	0	19,100,945	789,667,059	0	0	6,960,937	0	0	131,311
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,891,194,683	86, 407, 207	702,212,078	19,725,453	0	25,351,716	1,048,085,048	0	0	9,238,898	0	0	174,28
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,667,935,238	74,036,366	564,020,061	12,702,000	0	15,357,519	997 , 088 , 987	0	0	4,639,931	0	120 , 753	(30,37
18. Amount Incurred for Provision of Health Care Services	1,674,794,207	78,556,366	561,256,783	11,902,000	0	14,840,519	1,003,218,987	0	0	5,189,931	0	0	(170,37

(a) For health business: number of persons insured under PPO managed care products 596,212 and number of persons under indemnity only products 26,195

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement).
2.	Increase (decrease) by adjustment:
	2.1 Totals, Part 1, Column 10
	2.1 Totals, Part 1, Column 10 2.2 Totals, Part 3, Column 7 Cost of consider (Totals, Part 3, Column 7)
3.	2.2 Totals, Part 3, Column 7
4.	Cost of additions and permanent improvements:
	4.1 Totals, Part 1, Column 13
	4.2 Totals, Part 3, Column 9
5.	Total profit (loss) on sales, Part 3, Column 14
6.	Increase (decrease) by foreign exchange adjustment:
	6.1 Totals, Part 1, Column 11
	6.2 Totals, Part 3, Column 8
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12
8.	Book/adjusted carrying value at end of current period
9.	Total valuation allowance
10.	Subtotal (Lines 8 plus 9)
11.	Total nonadmitted amounts
12.	Statement value, current period (Page 2, real estate lines, current period)

SCHEDULE B VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
	Amounts paid on account or in full during the year
	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
	Statement value of mortgages owned at end of current period

SCHEDULE BA VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned. December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
	Amounts paid on account or in full during the year
7.	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13	Statement value of long-term invested assets at end of current period

5.7 Totals

29.965.656

61.143.118

33.101.229

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Group Hospitalization and Medical Services, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations Over 1 Year Through Over 5 Years Through Over 10 Years Total from Col. 6 % From Col. 7 **Total Publicly** Total Privately Placed Col. 6 as a Quality Rating per the NAIC Designation Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year 1 Year or Less 5 Years 10 Years Prior Year Traded (a) 1. U.S. Governments, Schedules D & DA (Group 1) .33,110,728 .19.945.105 .14,235,701 .95,102,650 19.2 .104,580,234 ..95, 102, 649 ..20,749,713 ..7,061,403 .24.0 1.1 Class 1 1.2 Class 2 0.0 0.0 1.3 Class 3 ..0.0 .0.0 1.4 Class 4 0.0 .0.0 1.5 Class 5 0.0. ..0.0 1.6 Class 6 0.0 0.0 33.110.728 19.945.105 7.061.403 95.102.650 19.2 104.580.234 24.0 20.749.713 14.235.701 95.102.649 1.7 Totals 2. All Other Governments, Schedules D & DA (Group 2) 2.1 Class 1 0.0 .0.0 .0.0 .0.0 2.2 Class 2 ..0.0 2.3 Class 3 .0.0 2.4 Class 4 0.0 0.0 2.5 Class 5 ..0.0 .0.0 2.6 Class 6 0 0.0 0.0 0.0 0.0 2.7 Totals 3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3) .348,375 ..348.375 .348,375 ..0.1 .986,631 0.2 3.2 Class 2 0.0. ..0.0 3.3 Class 3 .0.0 .0.0 0.0 3.4 Class 4 0 0.0 3.5 Class 5 ..0.0 3.6 Class 6 0 0.0 0.0 348.375 348,375 348.375 0.1 986.631 0 0.2 4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4) 0.0 4.1 Class 1 0.0 4.2 Class 2 .0.0 .0.0 4.3 Class 3 0.0 0.0 0.0 4.4 Class 4 4.5 Class 5 .0.0 .0.0 4.6 Class 6 0 0.0 0.0 0.0 0.0 4.7 Totals 5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5) 5.1 Class 1 .29.965.656 ..61, 143, 118 .33.101.229 .15.345.550 ..4,355,136 .143,910,689 29.1 .154, 187, 459 .35.4 143.910.690 ..0.0 5.2 Class 2 ..0.0 5.3 Class 3 0.0 0.0 .0.0 .0.0 5.4 Class 4 5.5 Class 5 ..0.0 ..0.0 0.0 0.0 5.6 Class 6

4.355.136

143,910,689

29.1

154.187.459

35.4

143.910.690

15.345.550

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Group Hospitalization and Medical Services, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

							•	,			
	I 4	Quality and Maturi	ty Distribution of All B	onds Owned Decembe	er 31, at Book/Adjuste	d Carrying Values by N	Major Types of Issues	and NAIC Designation	s 9	10	11
	'		Over 5 Years Through	Over 10 Years	5	О	Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Scheo					0.10. =0 .000		70 01 = 110 1011				(4)
6.1 Class 1	. 0	1,011,234	0	0	0	1.011.234	0.2	2.308.166	0.5	1.011.234	
6.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	(
6.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	(
6.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	(
6.5 Class 5	0	0	0	0	0	0	0.0	426.250	0.1	0	(
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	(
6.7 Totals	0	1,011,234	0	0	0	1,011,234	0.2	2,734,416	0.6	1,011,234	(
7. Industrial & Miscellaneous (Unaffili	ated). Schedules D &			-	•	.,,,.,,	*.=	=,,	* 1.1	.,,,,,,,,,	
7.1 Class 1	27 , 182 , 479	54,369,423	48,963,957	19,933,026	16, 257, 341	166,706,226	33.7	.90.639.203	20.8	165,463,166	1,243,060
7.2 Class 2	2,819,943	12,021,645	30,807,914	20,434,636	17,274,221		16.8	75,354,703	17.3	79,840,866	
7.3 Class 3	0	2,479,693	0	526.838	0	3,006,531	0.6	6.771.469	1.6	3,006,531	(
7.4 Class 4	0		0	0	0		0.2	0	0.0		(
7.5 Class 5	0	0	0	0	0	0	0.0	420,000	0.1	0	(
7.6 Class 6	0	0	0	0	427,500	427,500	0.1	427,500	0.1	427,500	C
7.7 Totals	30,002,422	69,754,568	79,771,871	40,894,500	33,959,062	254,382,423	51.4	173,612,875	39.8	249,621,870	4,760,553
8. Credit Tenant Loans, Schedules D	, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.,,	, ,	,,,,,,	-	- , , , , , , , , , , , , , , , , , , ,		.,.,,	, , , , , , , , , , , , , , , , , , , ,
8.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	
8.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	(
8.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	(
8.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	(
8.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	(
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Proup 9)									
9.1 Class 1	0		0	0	0	0	0.0	0	0.0	0	
9.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	
9.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	
9.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	
9.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations													
	1	2	3	4	5	6	7	8	9	10	11		
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed		
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)		
10. Total Bonds Current Year		•											
10.1 Class 1	77 ,897 ,848	149,634,503	102,010,291	49 , 514 , 277	28,022,255	407 , 079 , 174	82.3	ХХХ	ХХХ	405 , 836 , 114	1,243,060		
10.2 Class 2	2,819,943	12,021,645	30,807,914	20 , 434 , 636	17,274,221	83,358,359	16.8	ХХХ	ХХХ	79,840,866	3,517,493		
10.3 Class 3	0	2,479,693	0	526,838	0	3,006,531	0.6	ХХХ	ХХХ	3,006,531	0		
10.4 Class 4	0	883,807	0	0	0		0.2	XXX	XXX	883,807	0		
10.5 Class 5	0	0	0	0	0	(c)0	0.0	XXX	XXX	0	0		
10.6 Class 6	0	0	0	0	427,500	(c) 427,500	0.1	XXX	XXX	427,500	0		
10.7 Totals	80 ,717 ,791	165,019,648	132,818,205	70,475,751	45,723,976	^(b) 494,755,371	100.0	XXX	XXX	489,994,818	4,760,553		
10.8 Line 10.7 as a % of Col. 6	16.3	33.4	26.8	14.2	9.2	100.0	XXX	XXX	XXX	99.0	1.0		
11. Total Bonds Prior Year													
11.1 Class 1	111,015,716	98,935,044	87,852,493	35,835,381	19,063,059	ХХХ	ХХХ	352,701,693	80.9	350,339,187	2,362,504		
11.2 Class 2	3,846,287	18, 184, 514	19,704,387	15,028,918	18,590,597	ХХХ	ХХХ	75 , 354 , 703	17.3	71,823,719	3,530,984		
11.3 Class 3	0	1,125,284	2,408,175	1,050,638	2, 187, 372	ХХХ	ХХХ	6,771,469	1.6	6,771,468	0		
11.4 Class 4	0	0	0	0	0	ХХХ	XXX	0	0.0	0	0		
11.5 Class 5	Q	420,000	0	0	426 , 250	XXX	XXX	(c)846,250	0.2	846,250	0		
11.6 Class 6	0	0	427,500	0	0	XXX	XXX	(c)427,500	0.1	427,500	0		
11.7 Totals	114,862,003	118,664,842	110,392,555	51,914,937	40 , 267 , 278	XXX	XXX	(b)436,101,615	100.0	430 , 208 , 124	5,893,488		
11.8 Line 11.7 as a % of Col. 8	26.3	27.2	25.3	11.9	9.2	XXX	XXX	100.0	XXX	98.6	1.4		
12. Total Publicly Traded Bonds													
12.1 Class 1	77 ,897 ,849	149,634,503	100,962,726	49,318,783	28,022,255	405,836,116	82.0	350,339,186	80.3	405,836,114	XXX		
12.2 Class 2	2,819,943	12,021,645	30,807,914	18,936,095	15, 255, 269	79,840,866	16 . 1	71,823,720	16.5	79,840,866	XXX		
12.3 Class 3	0	2,479,693	0	526 , 838	0	3,006,531	0.6	6,771,469	1.6	3,006,531	ХХХ		
12.4 Class 4	0	883,807	0	0	0		0.2	0	0.0		ХХХ		
12.5 Class 5	0	0	0	0	0	0	0.0	846,250	0.2	0	ХХХ		
12.6 Class 6	0	0	0	0	427,500	427,500	0.1	427,500	0.1	427,500	XXX		
12.7 Totals	80 , 717 , 792	165,019,648	131,770,640	68 , 781 , 716	43,705,024	489,994,820	99.0	430 , 208 , 125	98.6	489,994,818	ХХХ		
12.8 Line 12.7 as a % of Col. 6	16.5	33.7	26.9	14.0	8.9	100.0	XXX	ХХХ	ХХХ	100.0	ХХХ		
12.9 Line 12.7 as a % of Line 10.7,													
Col. 6, Section 10	16.3	33.4	26.6	13.9	8.8	99.0	XXX	XXX	XXX	99.0	XXX		
13. Total Privately Placed Bonds													
13.1 Class 1	0	0	1,047,565	195 , 495	0	1,243,060	0.3	2,362,504	0.5	XXX	1,243,060		
13.2 Class 2	0	0	0	1,498,541	2,018,952	3,517,493	07	3,530,984	8.0	XXX	3,517,493		
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.5 Class 5	ō	0	o	0	ļ	0	0.0	Q	0.0	XXX	0		
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.7 Totals	0	0	1,047,565	1,694,036	2,018,952	4,760,553	1.0	5,893,488	1.4	ХХХ	4 , 760 , 553		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	22.0	35.6	42.4	100.0	XXX	ХХХ	ХХХ	ХХХ	100.0		
13.9 Line 13.7 as a % of Line 10.7,													
Col. 6, Section 10	0.0	0.0	0.2	0.3	0.4	1.0	XXX	XXX	XXX	XXX	1.0		

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	ution of All Bonds O	wned December 31,	at Book/Adjusted C	arrying Values by N	lajor Type and Subty	pe of Issues	1 -	_		
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)	00 405 400	04 000 457	40 404 000	40 047 000	0 000 404	07 050 047	47.7	400 470 047	00.0	07 050 040	0
1.1 Issuer Obligations	20 , 195 , 188	31,203,457	18,131,290	12,047,988	6,080,424	87,658,347	177	100,479,017	23.0	87,658,346	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	554,525	1,907,271	1,813,815	2,187,713	980,979	7,444,303	1.5	4,101,218	0.9	7,444,304	0
1.7 Totals	20,749,713	33,110,728	19,945,105	14,235,701	7,061,403	95,102,650	19.2	104,580,235	24.0	95,102,650	0
2. All Other Governments, Schedules D & DA (Group 2)				•	•				0.0		
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES				•	•				0.0		•
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES							I				
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)					-			-			-
3.1 Issuer Obligations	0	0	0	0	348,375	348,375	0.1	986,631	0.2	348,375	0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	348.375	348.375	0.1	986.631	0.2	348.375	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)		U	U	040,070	040,070	0.1	300,001	0.2	040,070	0
4.1 Issuer Obligations	(Gloup 4)	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	n O	n n	0	0	ñ	0	0.0	0	0.0	n n	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	 N	n	n	n		0	0.0	o	0.0	n	n
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	Julea D & DA (Cressor 5)	U	U	U	U	U	0.0	U	0.0	U	U
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher S.1 Issuer Obligations	ules D & DA (Group 5)	Λ.	Λ	٥	Λ	0	0.0	39.965.405	9.2	٨	n
5.1 Issuer Obligations 5.2 Single Class Mortgage-Backed/Asset-Backed Securities	19,593,760	48.441.617	25,798,275	13 , 104 , 320	3,328,085	110,266,057	22.3	87,340,774	20.0	110,266,058	ν
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	18,595,700	40,441,017	23,190,213	13, 104,320		110,200,037	22.3	01,340,774	∠0.0	110,200,030	
5.3 Defined	10,029,689	11,445,878	6,122,376	1,627,409	1,027,050	30,252,402	6.1	26,881,277	6.2	30,252,402	n
5.4 Other		11,44J,070		1,021,409	1,021,030		0.0	20,001,211	0.0		ν
5.4 Other		U	J			J		J			
BACKED SECURITIES											
5.5 Defined	342.208	1.255.623	1.180.578	613.821	^	3.392.230	0.7	0	0.0	3.392.229	^
	342 , 208	1,200,023	1,100,578	013,821	D		0.0				L
5.6 Other	00 005 057	04 440 440	00 404 222	U 45.045.550	1 055 105	140.040.000		154 407 450	0.0	U	0
5.7 Totals	29.965.657	61.143.118	33.101.229	15.345.550	4.355.135	143.910.689	29.1	154 . 187 . 456	35.4	143.910.689	()

SCHEDULE D - PART 1A - SECTION 2 (continued)

		Maturity Distribution	n of All Bonds Owned	December 31, at Book	/Adjusted Carrying Va	lues by Major Type an	d Subtype of Iss	sues			
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year Through	Over 5 Years	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA	(Group 6)										
6.1 Issuer Obligations	0	1,011,234	0	0	0	1,011,234	0.2	2,734,416	0.6	1,011,234	
6.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	(
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	(
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	(
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	(
6.6 Other	. 0	0	0	0	0	0	0.0	0	0.0	0	(
6.7 Totals	0	1,011,234	0	0	0	1,011,234	0.2	2,734,416	0.6	1,011,234	(
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)	•									
7.1 Issuer Obligations	29,035,308	66,590,958	79,771,871	40,894,500	33,959,062	250,251,699	50.6	169,522,491	38.9	245,491,147	4,760,553
7.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	(
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES			-								
7.3 Defined	0	0	0	0	0	0	0.0	2,526,505	0.6	0	(
7.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined	289 , 108		0	0	0	916,979	0.2	0	0.0	916,979	(
7.6 Other	678,006		0	0	0	3,213,745	0.6	1,563,876	0.4	3,213,745	(
7.7 Totals	30,002,422	69,754,568	79,771,871	40,894,500	33,959,062	254,382,423	51.4	173,612,872	39.8	249,621,871	4,760,553
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	(
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parents, Subsidiaries and Affiliates, Schedules D) & DA (Group 9)										
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	
9.2 Single Class Mortgage-Backed/Asset-Based	0	0	0	0	0	0	0.0	0	0.0	0	
Securities	0	0	0	0	J0	0	0.0	0	0.0	0	
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined	0	0	0	<u> </u>	0	0	0.0	0	0.0	0	
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	(
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues													
	1	2	3	4	5	_ 6	7	_ 8	9	10	11		
Bioline in T		Over 1 Year	Over 5 Years	Over 10 Years	0 001/	Total		Total From Col. 6		Total Publicly	Total Privately		
Distribution by Type 10. Total Bonds Current Year	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed		
10.1 Issuer Obligations	49.230.496	98 . 805 . 649	97 . 903 . 161	52.942.488	40 . 387 . 861	339.269.655	68.6	XXX	XXX	334.509.102	4.760.553		
10.1 Issuer Colligations 10.2 Single Class Mortgage-Backed/Asset-Backed Securities	20 , 148 , 285	50 , 803 , 849	27,612,090	15, 292, 033	40,367,661	117,710,360	23.8	XXX	XXX	117,710,362	4,700,000		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	20 , 140 , 203		21 ,012,090	13,292,033	4,309,004	117,710,300	∠3.0	ΛΛΛ	ΛΛΛ	117,710,302	U		
10.3 Defined	10.029.689	11 . 445 . 878	6, 122, 376	1.627.409	1.027.050	30,252,402	6.1	XXX	XXX	30.252.402	0		
10.4 Other	10 , 020 , 000		0, 122,370	1,027,409	1,027,030	00,202,402	0.0	XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES				0		0							
10.5 Defined	631.316	1,883,494	1,180,578	613.821	0	4,309,209	0.9	XXX	XXX	4,309,208	0		
10.6 Other	678,006	2,535,739	0	0	0	3,213,745	0.6	XXX	XXX	3,213,745	0		
10.7 Totals	80.717.792	165.019.648	132.818.205	70.475.751	45.723.975	494.755.371	100.0	XXX	XXX	489,994,819	4.760.553		
10.8 Line 10.7 as a % of Col. 6	16.3	33.4	26.8	14.2	9.2	100.0	XXX	XXX	XXX	99.0	1.0		
11. Total Bonds Prior Year													
11.1 Issuer Obligations	100.983.181	72.927.378	70.075.944	33.998.635	35.702.822	XXX	XXX	313.687.960	71.9	307 . 794 . 471	5.893.487		
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	11,497,119	37,029,374	24,922,495	13,809,089	4, 183, 915	XXX	XXX	91,441,992	21.0	91,441,993	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	, , ,	, , .	, , , , ,		,,.			, , , , , , , , , , , , , , , , , , , ,		, ,,,,,			
11.3 Defined	2,112,679	7 ,704 ,358	15, 153, 043	4 , 057 , 161	380 , 541	XXX	XXX	29,407,782	6.7	29,407,782	0		
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
11.6 Other	269,023	1,003,731	241,072	50,050	0	XXX	XXX	1,563,876	0.4	1,563,877	0		
11.7 Totals	114,862,002	118,664,841	110,392,554	51,914,935	40 , 267 , 278	XXX	XXX	436,101,610	100.0	430,208,123	5,893,487		
11.8 Line 11.7 as a % of Col. 8	26.3	27.2	25.3	11.9	9.2	XXX	XXX	100.0	XXX	98.6	1.4		
12. Total Publicly Traded Bonds													
12.1 Issuer Obligations	49,230,496	98,805,649	96,855,596	51,248,452	38,368,909	334,509,102	67 . 6	307,794,471	70.6		XXX		
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	20 , 148 , 285	50,348,889	27,612,090	15,292,034	4,309,064	117 ,710 ,362	23.8	91,441,992	21.0	117,710,362	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES			=.										
12.3 Defined	10,029,689	11,445,878	6,122,376	1,627,409	1,027,050	30,252,402	6.1	29,407,783	6.7	30,252,402	XXX		
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	024 240	4 000 404	4 400 570	C40 004	0	4 200 200	0.0	0	0.0	4 200 200	VVV		
12.5 Defined	631,316 678.006	1,883,494	1,180,578	613,821 0	 0	4,309,209 3.213.745	0.9 0.6	1.563.876	0.0 0.4	4,309,209	XXXXXX		
12.6 Other	80.717.792	2,535,739	· ·	· ·	43.705.023		99.0	430.208.122	98.6	3,213,745 489.994.820	XXX		
12.7 Totals		165,019,649	131,770,640	68,781,716	43,705,023	489,994,820	99.0	430 , 208 , 122 XXX	98.6 XXX	489,994,820	XXX		
12.8 Line 12.7 as a % of Col. 6	16.5 16.3	33.4	26.6	14.0 13.9	8.8	99.0	XXX	XXX	XXX	99.0	XXX		
13. Total Privately Placed Bonds	10.3	33.4	20.0	13.8	0.0	33.0	۸۸۸	۸۸۸	۸۸۸	99.0	۸۸۸		
13.1 Issuer Obligations	0	0	1.047.565	1.694.036	2,018,952	4.760.553	1.0	5.893.488	1.4	XXX	4,760,553		
13.2 Single Class Mortgage-Backed/Asset-Backed Securities			1,047,303	1,094,030 N	2,010,932	4,700,000	0.0		0.0	XXX	4,700,000		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											J		
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.4 Other	0	0		0	0	0	0.0	0	0.0	XXX	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.6 Other	0	0	0	0	0	0	0.0	0		XXX	0		
13.7 Totals	0	0	1,047,565	1,694,036	2,018,952	4,760,553	1.0	5,893,488	1.4	XXX	4,760,553		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	22.0	35.6	42.4	100.0	XXX	XXX	XXX	XXX	100.0		
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.2	0.3	0.4	1.0	XXX	XXX	XXX	XXX	1.0		

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVES	IMENIS Between Years	1		T	
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	94,811,594	94,811,594	0	0	0
Cost of short-term investments acquired	670,176,742	670 , 176 , 742	0	0	0
3. Increase (decrease) by adjustment		89,463	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments		5,325	0	0	0
6. Consideration received on disposal of short-term investments		736,006,265	0	0	0
7. Book/adjusted carrying value, current year	29,076,859	29,076,859	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	29,076,859	29,076,859	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	29,076,859	29,076,859	0	0	0
12. Income collected during year		771,009	0	0	0
13. Income earned during year	600,613	600,613	0	0	0

⁽a) Indicate the category of such assets, for example, joint ventures, transportation equipment: +0

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	
	Cost/Option Premium (Section 2, Column 7)	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	
5.	Consideration received on terminations (Section 3, Column 12)	
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)		0
2.	Consideration received (Section 2, Column 7)		0
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)		0
4.	Gain/(Loss) on Termination:		
	4.1 Recognized (Section 3, Column 14)		
	4.2 Used to Adjust Basis (Section 3, Column 15))	0
5.	Consideration paid on terminations (Section 3, Column 12)		0
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)		0
7.	Disposition of deferred amount on contracts terminated in prior year:		
	7.1 Recognized	•••	
	7.2 Used to Adjust Basis		0
8.	Aggregate write-in book value, December 31, Current Year		0

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards

1.	Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year)	0
2.	Cost or (Consideration Received) (Section 2, Column 7)	0
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	0
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5.	Consideration received (or paid) on terminations (Section 3, Column 12)	0
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	0
7.	Disposition of deferred amount on contracts terminated in prior year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	0
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	0

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts

1. Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year)	
2. Change in total Variation Margin on Open Contracts (Difference between years - Section 1, Column 6)	
3.1 Change in Variation Margin on Open Contracts used to Adjust Basis of Hedged Item (Section 1, Column 11)	
3.2 Change in variation margin on open contracts recognized (Difference between years - Section 1, Column 10)	
4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	
4.2 Less:	
4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	
4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	J
4.3 Subtotal (Line 4.1 minus Line 4.2)	
5.1 Net additions to Cash Deposits (Section 2, Column 7)	O .
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)	0
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
7.1 Recognized	
7.2 Used to Adjust Basis of Hedged Item	
8. Aggregate write-in book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)	

SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

Verification of Statement Value and Fair Value of Open Contracts

Statement Value

	3	tatement value
	Part A, Section 1, Column 10	
2.	Part B, Section 1, Column 10.	0
3.	Part C, Section 1, Column 10.	0
4.	Part D, Section 1, Column 9 - 12	0
5.	Lines (1) - (2) + (3) + (4)	0
6.	Part E, Section 1, Column 4	0
7.	Part E, Section 1, Column 5	0
	Lines (5) - (6) - (7)	
		Fair Value
9.	Part A, Section 1, Column 11	
10.	Part A, Section 1, Column 11	0
10.	Part B, Section 1, Column 11	0
10.	Part B, Section 1, Column 11	0 0 0
10.		0 0 0
10. 11. 12. 13. 14.	Part B, Section 1, Column 11 Part C, Section 1, Column 11 Part D, Section 1, Column 9 Lines (9) - (10) + (11) + (12) Part E, Section 1, Column 7	0 0 0 0
10. 11. 12. 13. 14.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9. Lines (9) - (10) + (11) + (12).	0 0 0 0

SCHEDULE DB - PART F- SECTION 1

Summary of Replicated (Synthetic) Assets Open

	Replicated	(Synthetic) Asset			Components of the Replicated (Synthetic) Asset								
1	2	3	4	5	Derivative Instruments (Open	,		Instrument(s) H	eld			
					6	7	8	9	10	11	12		
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	12 NAIC Designation or Other Description		
ivuiliber	Description	Other Description	value	raii value	Description	raii value	COSIP	Description	value	raii value	Other Description		
							.						
9999999 Totals					XXX		XXX	XXX			XXX		

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

			Reconciliation	n of Replicated (Synth	etic) Assets Open					
	First C	Quarter	Second	Quarter	Third (Quarter	Fourth	Quarter	Year-to	o-Date
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
Beginning Inventory	0	0	0	0	0	0	0	0	0	0
Add: Opened or Acquired Transactions									0	0
Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
Less: Closed or Disposed of Transactions									0	0
Less: Positions Disposed of For Failing Effectiveness Criteria									0	0
Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

SCHEDULE S - PART 1 - SECTION 2

	Reinsurance Assumed for Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	10	11	12	
								Reserve Liability			1	
NAIC					Type of			Other Than for	Reinsurance	Modified	1	
Company	Federal ID				Type of Reinsurance		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld	
Code	Number	Effective Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance	
11227	52-2362725	07/01/2003	CapitalCare, Inc.	3928 Pender Drive Suite 100 Fairfax, Va. 22030	SSL/A	283,440						
0199999 -	Total Affiliates		· · · · · · · · · · · · · · · · · · ·			283,440						
											1	
											1	
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0399999	I otals					283,440					1	

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

3 4 5 6 NAIC Company Code Federal ID Number Effective Date Name of Company Location Paid Losses Unpaid Losses

0799999 - Totals

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insur	rance Listed	d by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC		_						Reserve Credit	10	11	Modified	
	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Company Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
				3928 Pender Drive Suite 100 Fairfax, Va. 22030	.,,,,,,		(commune)					
11227	52-2362725	07/01/2003	CapitalCare	22030.		293,993						
0199999 -	Total Affiliate					293,993						
	Total - Non-Aff					0						
												
	· · · · · · · · · · · · · · · · · · ·	•				• • • • • • • • • • • • • • • • • • • •						• • • • • • • • • • • • • • • • • • • •
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0399999	Totals					293,993						

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SCHEDULE S - PART 4

					Reins	surance Ceded to U	nauthorized Compar	nies					
1	2	3	4	5	6	7	8	9	10	11	12	13	14
													Sum of Cols.
NAIC					Paid and Unpaid					Funds Deposited by			9+10+11+12+13 But Not in Excess of
Company	Federal ID	Effective		Reserve Credit	Paid and Unpaid Losses Recoverable		Total			Funds Deposited by and Withheld from		Miscellaneous	Not in Excess of
Code	Federal ID Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	Cols. (5+6+7)	Latters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Col. 8
Code	Number	Dale	Name of hemsurer	Taken	(Debit)	Other Debits	Cois. (5+6+7)	Letters of Gredit	Trust Agreements	neilisuleis	Other	balances (Credit)	C01. 6
	• • • • • • • • • • • • • • • • • • • •												
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Offitted)											
		1 2003	2 2002	3 2001	4 2000	5 1999					
Α. (DPERATIONS ITEMS										
1.	Premiums	293	95	407	385	298					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	0	0	0	0	0					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
6.	Premiums receivable		0	96	120	120					
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	0	0	0	0	0					
9.	Experience rating refunds due or unpaid		0	0	0	0					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
C. I	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
12.	Funds deposited by and withheld from (F)	0	0	0	0	0					
13.	Letters of credit (L)	0	0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	nestatement of balance sheet to identify Ne	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	616,779,523		616,779,523
2.	Accident and health premiums due and unpaid (Line 12)	570,753,370		570 , 753 , 370
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	105,044,877		105,044,877
6.	Total assets (Line 26)	1,292,577,769	0	1,292,577,769
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	244 , 289 , 500	0	244,289,500
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	440,348,277		440 , 348 , 277
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	215,931,832		215,931,832
12.	Total liabilities (Line 22)	900,569,609	0	900,569,609
13.	Total capital and surplus (Line 30)		XXX	392,008,160
14.	Total liabilities, capital and surplus (Line 31)	1,292,577,769	0	1,292,577,769
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

57

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13	
					Purchases, Sales or								
					Exchanges of	Incurred in		l======/		A Other Marterial		Reinsurance	
					Loans, Securities, Real	Connection with Guarantees or		Income/ (Disbursements)		Any Other Material Activity Not in the		Recoverable/ (Payable) on Losses	
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve	
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit	
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)	
47021	52-2069215	CareFirst, Inc.					417 , 478			(30,000)	387 , 478		
53007	52 - 1435675 52 - 1385894	Group Hospitalization & Medical Services, Inc					(26,665,720)			10,020	(26,655,700)		
47058	52-1385894	CareFirst of Maryland, Inc.					118,805,826			391,143	119,196,969		
95574	52 - 1635265 52 - 1226606	CFS Health Group. Delmarva Health Plan, Inc.			†	†	1,047,478 (1,205,701)			494,868	1,542,346		
90074	52-0999133	Patuxent Medical Group					3,600,633			U	(1,203,701)		
60113		First Care, Inc			†	†	(160,879)				(160.879)		
00110	52-1187907	Willse & Associates			†	1	(529,033)				(529,033)		
	56 - 1641773	The Michelson Group, Inc. DBA NCAS. Potomac Physicians, PA of MD.					142.008		Ī		142,008		
	52-1589363	Potomac Physicians, PA of MD					7 ,700 ,903				7 ,700 ,903		
11227	52-2362725	CapitalCare, Inc CareFirst BlueChoice, Inc					(521, 105)				(521, 105)		
96202	52-1358219 52-1330940	CareFirst BlueChoice, Inc.					(91,975,693)			(223,641)	(92, 199, 334)		
	52 - 1330940	National Capital Administrative Services, Inc					(348,986)				(348,986)		
F2207	52-1118153	National Capital Insurance Agency, Inc					(717,557) (8,223,049)			•	(717,557) (8,223,049)		
53287	51-0020405 51-0383213	NCIA Insurance Agency, Inc					(8,223,049)				(8,223,049)		
	51-0303213	The Gateway Group, LTD.			†		(102,774)				(102,774)		
	52-1529910	PHN Services, Inc.					(1,097,486)				(1,097,486)		
95641	52-1474212	PHN-HMO. Inc					(50,783)			(642,390)	(693, 173)		
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	[X]	No] (]
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X]	No] (]
3.	Will an actuarial certification be filed by March 1?	Yes	[X]	No] (]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[X]	No] (]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[X]	No] (]
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[X]	No] (]
7.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No) [()
8.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No) [()
	APRIL FILING					
9.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No] (]
10.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[X]	No] (]
11.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No] (]
	JUNE FILING					
12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X]	No] (]

EXPLANATIONS:

7

8.

BAR CODE:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.

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2304. Intangible Assets	1 , 114 , 450	1 , 114 , 450	0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	1,114,450	1,114,450	0	0

M003 Additional Aggregate Lines for Page 03 Line 21.

*LIAB					
2104.	Rate Stabilization	8,768,025		8,768,025	12,072,714
2105.	Deposits	8,559,335		8,559,335	7 ,977 ,837
2106.	Participating Hospitals	1,619,318		1,619,318	2,692,825
2107.	Claims Refund Suspense	44 700 000		11,798,302	7,254,291
2108.	Unallocated Receipts	525,020		525,020	525,020
2109.	Deferred Gain on Building	0		0	3,210,541
	RSR DC Premium Tax		<u> </u>	0	1,661,437
2197.	Summary of remaining write-ins for Line 21 from Page 03	31,270,000	0	31,270,000	35,394,665

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP

2504.	Network Access and Host Plan Reimbursement - Par	(21,024,316)	(18,598)		(21,042,914)
2505.	Miscellaneous	(370,371)	2,821,371		2,451,000
2597.	Summary of remaining write-ins for Line 25 from Page 14	(21,394,687)	2,802,774	0	(18,591,914)



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2003 OF THE Group Hospitalization and Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF District of Columbia

NAIC Gro	oup Code	0380			N	NAIC Company Code	53007
Address	(City, State	and Zip (Code)	, 20065			
Person C	Completing '	This Exhi	bit Je	ffrey L. H	loward		
Title	Manager, Ac	tuarial S	ervices .			Telephone Number	410-998-7415

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000					3		
										11 Incurred Claims			14	15		d Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance with OBRA	Policy Form	Supplement Benefit Plan	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
No	BCBS 65	р	No	. 0000000	01/01/1965		11/06/1992	07/31/1992	DC BCBS 65	2 189 951	1,022,741	46.7	776	0	0	0.0	0
Yes	BCBS 65 PR065-0790	P	NoNoNo.	. 0000000	01/01/1965 07/01/1990		11/06/1992	07/31/1992	DC Protection 65	2,189,951 607,768	313,226	46.7 51.5		0	0	0.0	0
	Med Plan A DC														.=		
Yes	(5/99) Med Plan C DC	.A	No	. 0000000	12/11/1992		10/25/2000		DC Supplement 65	224,886	300 , 741	133.7	136	88,006	176,026	200.0	32
Yes	(5/99)	C	No	0000000	12/11/1992		10/25/2000		DC Supplement 65	500.094	307,570	61.5	387	75,705	109,109	144.1	22
	Med Plan F DC										,			,	, i		
Yes	(5/99)	F	No	. 0000000	12/11/1992	· · · · · · · · · · · · · · · · · · ·	10/25/2000		DC Supplement 65	1,016,140	582,748	57.3	136	127 , 679	98,679	77.3	54
	Med UW PIN C DC 1/01	C	No	. 0000000	10/25/2000				DC Supplement 65	15,356	3,912	25.5	10	64,718	51,150	79.0	41
163	Med UW PIn F DC	V								,			10		, i		
Yes	1/01	F	No	. 0000000	10/25/2000	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		DC Supplement 65	66,711	30,108	45.1	38	278,764	205,592	73.8	
0199999 To	otal Experience on	Individual Police	cies							4,620,906	2,561,046	55.4	1,576	634,872	640,556	100.9	344
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0200000 To	ntal Evporioneo on	Group Policios	·	4						0	Λ	0.0	Λ	Λ	Λ	0.0	Λ
0233339 10	1999 Total Experience on Group Policies									U	U	0.0	U	U	U	0.0	U

GENERAL INTERROGATORIES

1.	If response	in	Column	1	is no,	give	complete	and	full details:

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 10455 Mill Run Circle Owings Mills, Maryland 21117

2.2 Contact Person and Phone Number: Booker T Carter 410-998-5725

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 10455 Mill Run Circle Owings Mills, Maryland 21117.

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O".



Telephone Number

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2003 OF THE Group Hospitalization and Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF Maryland

NAIC Company Code 53007

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2000			Policies Issued in 2001, 2002, 2003				
										11	Incurred	Claims	14	15	Incurred	l Claims	18		
											12	13			16	17			
		Standardized																	
0	D-6 F	Medicare	Marellane	Plan	D-4-	Date	Date	Date	Dallas Madaatica Tooda	Dunantia		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered		
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
WILLIODHA	Number	Denenii Fian	Select	151105	Approved	VVILIIGIAWII	Amended	Ciosed	Name	Larrieu	Amount	Larrieu	LIVES	Larrieu	Amount	Lameu	LIVES		
No	BCBS 65		No	. 0000000	01/01/1965		10/27/1993	06/30/1992	MD BCBS 65	4, 133, 600	2,436,481	58.9	1,837			0.0			
									MD Protection 65		, , ,								
	PR065-0790 Med Plan A MD		No	. 0000000	08/24/1990	· · · · · · · · · · · · · · · · · · ·	10/27/1993	06/30/1992	MD Supplement 65	1, 104, 667	670,725	60.7	434			0.0	•		
	(5/99)		No	0000000	06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	104,908	173,838	165.7	65			0.0			
	Med Plan C MD									· ·	,								
Yes	(5/99) Med Plan F MD		No	. 0000000	06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	768,943	483,044	62.8	273			0.0			
	(5/99)		No	0000000	06/24/1992		09/25/2000	12/31/1999	MD Supplement 65	1,632,138	1,103,205	67.6	590			0.0			
	otal Experience on	Individual Poli		. 0000000	007247 1002	•	0072072000	12/01/1000	ind dupprenient do	7,744,256	4,867,293	62.9	3,199	n	0	0.0	n		
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0299999 T	otal Experience on	Group Policies	3							0	0	0.0	0	0	0	0.0	0		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 10455 Mill Run Circle Owings Mills, Maryland 21117.
 - 2.2 Contact Person and Phone Number: Mike Felber 410-998-7476
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

NAIC Group Code 0380

Address (City, State and Zip Code)
Person Completing This Exhibit

- 3.1 Address: 10455 Mill Run Circle Owings Mills , Maryland 21117
- 3.2 Contact Person and Phone Number: Joe Rampone 410-998-5370
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2003 OF THE Group Hospitalization and Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF Virginia

NAIC Group Code 0380	NAIC Company Code	53007
Address (City, State and Zip Code)		
Person Completing This Exhibit		
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Title	i elepnone Number	

Standardized Medicare Policy Form Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Plan Spendir Pla	1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000			Policies Issued in 2001, 2002, 2003				
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No. 9/38 65. No. 000000	Compliance		Supplement															Covered
No. 828 65. No. 000000 01/01/1965 07/31/1992 V. 828 65 2.668.250 1.365.902 52.3 1.121 0 0 0 0 0.0 V. Protection 65 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 0.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 0 0.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 0.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 247 9.0 V. Protection 85 9895.373 302.981 43.4 24	WITH OBRA	Number	Benefit Plan	Select	ISTICS	Approved	withdrawn	Amenaea	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes P806-0790 No. 000000 07/01/1990 07/31/1992 10/12/2000 VX Supplement 65 217.623 307.615 141.4 78 133.178 269.257 194.7 VS. (5/99) No. 000000 07/30/1992 10/12/2000 VX Supplement 65 589.097 313.896 53.0 1.75 129.078 120.863 93.6 No. 000000 07/30/1992 10/12/2000 VX Supplement 65 1,804.648 7712.151 44.4 448 109.409 85.020 59.4 No. 000000 12/29/2000 VX Supplement 65 12.005 3,809 32.4 8 82.47 77.566 94.1 No. 000000 12/29/2000 VX Supplement 65 17.7376 22.553 29.1 57 401.948 251.415 62.5 10/199999 Total Experience on Individual Policies										VA BCBS 65								
Yes	No I	BCBS 65		No	. 0000000	01/01/1965	· · · · · · · · · · · · · · · · · · ·		07/31/1992	VA BCBS 65	2,668,250	1,395,902	52.3	1 , 121	0	0	0.0	0
Ves. Ned Plan A Va. No. 0000000 07/30/1992 10/12/2000 VA. Supplement 65. 217,623 307,615 141.4 78 133,178 259,257 194.7	,,	DD005 0700		N	000000	07/04/4000			07/04/4000	VA Protection 65	007 070	000 004	40.4	0.47				
Yes (5/99) No 000000 07/30/1992 1/01/2/2000 VA Supplement 65 217,623 307,615 141,4 78 133,178 299,257 194.7 Ves (5/99) No 000000 07/30/1992 1/01/2/2000 VA Supplement 65 592,607 313,899 53.0 175 129,078 120,865 93.6 Ves (5/99) No 000000 07/30/1992 1/01/2/2000 VA Supplement 65 1,604,648 .712,151 44.4 444 444 Ves (5/99) No 000000 12/23/2000 VA Supplement 65 1,2025 3,883 32.4 8 82,417 .77,566 94.1 Ves (5/99) No 000000 12/23/2000 VA Supplement 65 12,025 3,883 32.4 8 82,417 .77,566 94.1 Ves (5/99) No 000000 12/23/2000 VA Supplement 65 17,7376 22,553 29.1 57 401,948 251,415 62.5 O199999 Total Experience on Individual Policies 5,889,392 3,088,994 52.1 2,134 856,030 774,111 90.4	Yes	PRU65-0790	ł	NO	. 0000000	07/01/1990			07/31/1992	VA Protection 65	697,373	302,981	43.4	247	0	0	0.0	0
Med Plan C VA No. 0000000 07/30/1992 10/12/2000 VA Supplement 65 592,097 313,899 53.0 175 129,078 120,863 93.6 Med Plan F VA No. 0000000 07/30/1992 10/12/2000 VA Supplement 85 1,604,648 712,151 44.4 448 109,409 65,020 59.4 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4 6.8 62,417 77,566 94.1 Med D VA Supplement 85 12,025 3,883 32.4	Yes	(5/99)	1	No	. 0000000	07/30/1992		10/12/2000		VA Supplement 65	217,623	307,615	141.4	78	133 , 178	259,257	194.7	48
Ves. Key No. 0000000 07/30/1992 10/12/2000 VA Supplement 65 1,604,648 7/12,151 44.4 448 109,409 66,020 59.4		Med Plan C VA								• •	,	,			· ·	,		
Yes. (5/99)	Yes	(5/99)		No	. 00000000	07/30/1992		10/12/2000		VA Supplement 65	592,097	313,899	53.0	175	129,078	120,863	93.6	28
Yes				No	0000000	07/30/1992		10/12/2000		VA Sunnlement 65	1 604 648	712 151	11 1	1/18	109 /09	65 020	59 /	37
Ves.		Med UW PIn C	1					10/ 12/2000		* *		,			,	,		
Yes (01/01)		(01/01)		No	. 0000000	12/29/2000				VA Supplement 65	12,025	3,893	32.4	8	82,417	77 ,556	94 . 1	61
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GENERAL INTERROGATORIES

1.	lf response in (Column 1 i	s no, g	ive comple	te and t	full details:
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Product predates OBF

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 10455 Mill Run Circle Owings Mills, Maryland 21117

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: Owings Mills, Maryland 21117

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O".